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TO: Saskatchewan Physicians

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MEDICAL ASSISTANCE IN DYING (MAID)

The initial bill related to Medical Assistance in Dying (MAID) has been introduced into Parliament. That bill is subject to possible amendments in the legislative process.

Until a new law is approved, the only way that a patient can access MAID is by obtaining an order from a court that authorizes MAID.

What follows are my impressions of the draft bill and some additional matters discussed at a conference with Justice Officials this morning.

THE BILL

- 1) There is no availability of MAID based upon an advance directive.
- 2) There is no availability of MAID for mature minors. The patient must be 18.
- 3) Physicians, nurse practitioners and other who may assist a patient to die are protected from criminal liability even if objectively the patient does not meet the legislative criteria for MAID provided the person has a “reasonable but mistaken belief” that the patient meets the requirements.
- 4) Linked to the previous paragraph, it is an offence for a physician or NP to ‘knowingly’ provide MAID to a patient who does not meet the criteria in the legislation. That imposes a high bar for prosecution.

- 5) An individual who assists a patient to die is protected from criminal liability if they assist a physician or nurse practitioner to carry out MAID.
- 6) An individual who assists a patient to die at the patient's request is protected from criminal liability if the person assists the patient to self-administer the medication that causes their death.
- 7) The patient must be eligible for Canadian health care (no MAID tourists)
- 8) The patient must be competent at the time that the medication is administered (if physician/NP -administered) or at the time prescribed (if physician/NP-prescribed).
- 9) MAID is available to patients if they:
 - a) have a serious and incurable illness, disease or disability;
 - b) they are in an advanced state of irreversible decline in capability;
 - c) their illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
 - d) their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.
- 10) Related to the last paragraph – one of the requirements to access MAID is that the physician/NP must have informed the patient that the patient's "natural death has become reasonably foreseeable".
- 11) Two independent witnesses must witness the patient's signature on a document requesting MAID. They cannot be an owner or operator of an institution where the patient is receiving care or be providing care to the patient.
- 12) There must be 15 days between the written request for MAID and providing it unless the two physicians/NPs authorizing death have concluded that the person's death or loss of capacity to provide informed consent justifies a shorter time.
- 13) The two physicians/NPs who confirm the patient meets criteria for MAID must be independent – not in a business relationship or other relationship which would affect their objectivity.
- 14) Pharmacists asked to dispense medications for MAID must be advised that the purpose of the medication is to cause MAID.

- 15) Unless the regulations change the requirements – a physician who receives a written request for MAID, or a pharmacist who receives a prescription for MAID must provide information to be specified in regulations to the Minister of Health.
- 16) Regulations may establish additional reporting requirements.

OTHER ISSUES RAISED BY JUSTICE OFFICIALS

- 17) A study group will be established to review and provide recommendations to government related to eligibility for MAID based upon:
 - a) an advance directive;
 - b) status as a mature minor;
 - c) psychiatric illness.
- 18) \$3 Billion will be allocated to address health issues related to end of life care including MAID, access to palliative care in patients' homes and in institutions, etc.
- 19) There was no indication that issues of conscientious objection by health care practitioners or unwillingness of institutions to provide MAID would be addressed in federal legislation, now or in future.



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